



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

January 31, 2007

Gary May, Administrator  
Ashley Manor - Hyde Park, Ashley Manor LLC  
1908 N 13th St  
Boise, ID 83702

License #: RC-703

Dear Mr. May:

On December 18, 2006, a life safety code survey was conducted at Ashley Manor - Hyde Park, Ashley Manor LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,



CHRIS LAUMANN

Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

CM/slc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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December 19, 2006

Gary May, Administrator  
Ashley Manor - Hyde Park, Ashley Manor LLC  
1908 N 13th St  
Boise, ID 83702

Dear Mr. May:

On December 18, 2006, a life safety code survey was conducted at Ashley Manor - Hyde Park, Ashley Manor LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by January 17, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Grimes', with a long, sweeping horizontal line extending to the right.

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R703</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/18/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASHLEY MANOR - HYDE PARK, ASHLEY MAN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1908 N 13TH ST BOISE, ID 83702</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on December 18, 2006.</p> <p>The surveyor conducting the survey was:</p> <p>Chris Laumann Health Facility Surveyor Facility Fire safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

TOX021

If continuation sheet 1 of 1



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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Ashley Manor Hyde Park</i>	Physical Address <i>1908 N. 13th Street</i>	Phone Number <i>(208) 424-8107</i>
Administrator <i>Gary May</i>	City <i>Boise, Idaho</i>	ZIP Code <i>83702</i>
Survey Team Leader <i>Chris Laumann</i>	Survey Type <i>Fire/Life Safety.</i>	Survey Date <i>12/18/06</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1.	405.05.	Maintenance of equipment to assure the safety of residents. The handrail outside the house manager's office was loose.		
2.	250.15	Call system: The facilities call system was inoperative and Resident room number 1 did not have a call system installed at all.		
3.	405.06	Protecting residents from hazards: The facility did not provide an approved means of protecting the residents from hazards in the kitchen. Ropes were being used to block the access to the kitchen area.		
4.	403.01	Blocking an existing means of egress: The side kitchen exit door <del>was</del> access was blocked by a baby gate in front of it.		

Response/Required Date

Signature of Facility Representative

Date Signed

*1/18/07*

*Maryann J. Wachter*

*12.18.06*